2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State
08-29-2003 90095 004 ****61.25

DOCUMENT # N95000000033

1. Entity Name
GFWC SOUTH LAKE JUNIOR WOMAN'S CLUB, INC.

Principal Place of Business	Mailing Address
656 W. BROOM STREET CLERMONT FL 34711 US	P.O. BOX 121411 CLERMONT FL 34712 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3363036 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ASHBROOK, JUDY 655 W. BROOME STREET CLERMONT FL 34711	Name: Juliane Sorchy Street Address (P.O. Box Number is Not Acceptable): 655 W. Broome Street City: Clermont FL Zip Code: 34711

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Juliane Sorchy 8/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASHBROOK, JUDY 11640 GRAND BAY BLVD. CLERMONT FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANDEFELD, LESLIE 924 FOREST HILL DRIVE CLERMONT FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lori Davis 9401 CR 561 Clermont, FL 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LESS, LEISA 1631 NIGHT FALL DRIVE CLERMONT FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Michelle Countryman 839 Elmforest Drive Clermont, FL 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARVAJAL, ROBIN 15144 THOROUGHBRED LANE MONTEVERDE FL 34756	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Marion DeAnnuntis 8140 Calvin Lee Rd. Groveland, FL 34736	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HESSBURG, SALLY 1956 BRANTLEY CIRCLE CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POINSETTE, KATHLEEN 1985 BRANTLEY CIRCLE CLERMONT FL 34711	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kelly Orozco 15831 Green Cove Blvd. Clermont, FL 34711	☐ Change ☒ Addition

CR2E037 (4/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Juliane Sorchy SIGNATURE REQUIRED 8/11/03 407 656 9665